| Fill in this information to identify your case: | | | | | |
|-------------------------------------------------|--------------------------|--------------------|---------------|--|--|
| Debtor 1 | Rae Ann Bower | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | PF CALIFORNIA | | |
| Case number (if known) | 2017-20504 | | | | |
| (if known) | | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------|
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 26,272.26 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 26,272.26 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 11,400.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 29,886.18 |
| | Your total liabilities | \$ | 41,286.18 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 5,057.17 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,587.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other scl | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Rae Ann Bower

Case number (if known) 2017-20504

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 10,003.03

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following: | Total clain | 1 |
|------------------------------------------------------------------------------------------------------------------------------|-------------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Rae Ann Bower First Name | Middle Name | Last Name | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 2 | not raine | Wilder Hame | Last Hamo | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| Jnited States Bankru | uptcy Court for the: EAST | ERN DISTRICT OF | CALIFORNIA | | |
| Case number 201 | 7-20504 | | | | ☐ Check if this is ar |
| | | | | | amended filing |
|) (- - - - - - - - - | 400A/D | | | | |
| Official Form | _ | _ | | | |
| scneaule . | A/B: Property | <u>y </u> | | | 12/15 |
| nformation. If more sp Inswer every question | ace is needed, attach a sepa | rate sheet to this form | I people are filing together, both a b. On the top of any additional pag You Own or Have an Interest In | | |
| . Do you own or have | any legal or equitable intere | st in any residence, b | uilding, land, or similar property? | | |
| No. Go to Part 2. | | | | | |
| ☐ Yes. Where is the | property? | | | | |
| | | | | | |
| Part 2: Describe You | r Vehicles | | | | |
| | s, tractors, sport utility ve | · | le G: Executory Contracts and L s | Inexpired Leases. | |
| | • | · | • | Inexpired Leases. | |
| . Cars, vans, truck | s, tractors, sport utility ve | chicles, motorcycles | s | Do not deduct secured cl | |
| Cars, vans, trucks No Yes | s, tractors, sport utility ve | whicles, motorcycles Who has an intere | • | Do not deduct secured ci | laims or exemptions. Put ed claims on <i>Schedule D:</i> <i>ims Secured by Property.</i> |
| Cars, vans, trucks No Yes 3.1 Make: Infi | s, tractors, sport utility ve niti | chicles, motorcycles | s | Do not deduct secured ci the amount of any secure Creditors Who Have Cla | ed claims on Schedule D: ims Secured by Property. |
| Cars, vans, trucks No Yes 3.1 Make: Infin Model: M35 | s, tractors, sport utility ve | who has an intere | st in the property? Check one | Do not deduct secured ci | ed claims on Schedule D: |
| Approximate mi | niti 6 leage: 195,000 | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De | st in the property? Check one | Do not deduct secured of the amount of any secure Creditors Who Have Clar. Current value of the | ed claims on Schedule D: ims Secured by Property. Current value of the |
| Cars, vans, trucks No Yes 3.1 Make: Infin Model: M38 Year: 200 Approximate mi | niti 6 leage: 195,000 | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the | est in the property? Check one | Do not deduct secured of the amount of any secure Creditors Who Have Clar. Current value of the | ed claims on Schedule D: ims Secured by Property. Current value of the |
| Cars, vans, trucks No Yes 3.1 Make: Infin Model: M38 Year: 200 Approximate mi Other information | niti 5 6 leage: 195,000 on: | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the | est in the property? Check one ebtor 2 only he debtors and another community property | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? \$5,828.00 | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$5,828.00 |
| Cars, vans, trucks No Yes 3.1 Make: Infin Model: M38 Year: 200 Approximate mi Other informatic (To be Surr | niti 5 6 leage: 195,000 on: | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the company of the | est in the property? Check one ebtor 2 only he debtors and another | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? \$5,828.00 Do not deduct secured of the amount of any secure | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$5,828.00 |
| Cars, vans, trucks No Yes 3.1 Make: Infin Model: M35 Year: 200 Approximate mi Other informatic (To be Surr | niti 5 6 leage: 195,000 on: endered) | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the | est in the property? Check one ebtor 2 only he debtors and another community property | Do not deduct secured of the amount of any secure Creditors Who Have Clar. Current value of the entire property? \$5,828.00 Do not deduct secured of the amount of any secure Creditors Who Have Clar. | current value of the portion you own? \$5,828.00 claims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
| Cars, vans, trucks No Yes 3.1 Make: Infin Model: M38 Year: 200 Approximate mi Other informatic (To be Surr 3.2 Make: M32 Model: M5 | niti 5 6 leage: 195,000 on: endered) | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the (see instructions) Who has an intere Debtor 1 only | est in the property? Check one ebtor 2 only the debtors and another community property est in the property? Check one | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? \$5,828.00 Do not deduct secured of the amount of any secure | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$5,828.00 laims or exemptions. Put ed claims on Schedule D: |
| And the information of the infor | niti 5 6 leage: 195,000 on: endered) zda 9 leage: 89000 on: | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of ti Check if this is (see instructions) Who has an intere Debtor 1 only Debtor 2 only Debtor 2 only | est in the property? Check one ebtor 2 only the debtors and another community property est in the property? Check one | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? \$5,828.00 Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$5,828.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the |
| Cars, vans, trucks No Yes 3.1 Make: Infin Model: M35 Year: 200 Approximate mi Other informatio (To be Surr 3.2 Make: M35 Year: 200 Approximate mi Other informatio Non-Filing S Encumberse | niti 5 6 leage: 195,000 on: endered) zda 9 leage: 89000 on: Spouse Vehicle d by lien with | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the constructions) Who has an intere Debtor 1 only Debtor 2 only Debtor 2 only At least one of the constructions | st in the property? Check one bebtor 2 only he debtors and another community property st in the property? Check one | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? \$5,828.00 Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$5,828.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the |
| Approximate mi Other informatic Non-Filing S | niti 5 6 leage: 195,000 on: endered) zda 9 leage: 89000 on: Spouse Vehicle d by lien with | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the Debtor 1 only Debtor 2 only Check if this is (see instructions) Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the Check if this is | est in the property? Check one ebtor 2 only he debtors and another community property est in the property? Check one ebtor 2 only he debtors and another | Do not deduct secured of the amount of any secure Creditors Who Have Clar. Current value of the entire property? \$5,828.00 Do not deduct secured of the amount of any secure Creditors Who Have Clar. Current value of the entire property? | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$5,828.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| Approximate mi Other informatic Non-Filing S Encumbers (Cars, vans, trucks) No Yes 3.1 Make: Infin Model: M35 Year: 200 Approximate mi Other informatic Mon-Filing S Encumbers (Cars) | niti 5 6 leage: 195,000 on: endered) zda 9 leage: 89000 on: Spouse Vehicle d by lien with | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the Debtor 1 only Debtor 2 only Check if this is (see instructions) Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the Check if this is | est in the property? Check one ebtor 2 only he debtors and another community property est in the property? Check one ebtor 2 only he debtors and another | Do not deduct secured of the amount of any secure Creditors Who Have Clar. Current value of the entire property? \$5,828.00 Do not deduct secured of the amount of any secure Creditors Who Have Clar. Current value of the entire property? | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$5,828.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| . Cars, vans, trucks □ No ■ Yes 3.1 Make: Infination Model: M35 Year: 200 Approximate mi Other information (To be Surr 3.2 Make: M35 Year: 200 Approximate mi Other information Other information (Non-Filling Sencumbered Golden One) . Watercraft, aircraft | niti 6 6 leage: 195,000 on: endered) zda 9 leage: 89000 on: Spouse Vehicle d by lien with ft, motor homes, ATVs ar | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the class of the class one of the class of the class one of the class one of the class of the class one of the class of the cl | est in the property? Check one ebtor 2 only the debtors and another est in the property est in the property? Check one ebtor 2 only the debtors and another ecommunity property al vehicles, other vehicles, and | Do not deduct secured of the amount of any secure Creditors Who Have Clar. Current value of the entire property? \$5,828.00 Do not deduct secured of the amount of any secure Creditors Who Have Clar. Current value of the entire property? \$0.00 | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$5,828.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| . Cars, vans, trucks □ No ■ Yes 3.1 Make: Infination Model: M35 Year: 200 Approximate mi Other information (To be Surr 3.2 Make: M35 Year: 200 Approximate mi Other information Other information (Non-Filling Sencumbered Golden One) . Watercraft, aircraft | niti 6 6 leage: 195,000 on: endered) zda 9 leage: 89000 on: Spouse Vehicle d by lien with ft, motor homes, ATVs ar | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the class of the class one of the class of the class one of the class one of the class of the class one of the class of the cl | est in the property? Check one ebtor 2 only the debtors and another est in the property? Check one ebtor 2 only the debtors and another ecommunity property | Do not deduct secured of the amount of any secure Creditors Who Have Clar. Current value of the entire property? \$5,828.00 Do not deduct secured of the amount of any secure Creditors Who Have Clar. Current value of the entire property? \$0.00 | ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$5,828.00 laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? |

| De | ebtor 1 | Rae Ann Bo | wer | Case number (if known) | 2017-20504 |
|-----|---------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------|
| | | | the portion you own for all of your entries from Part 2, included for Part 2. Write that number here | | \$5,828.00 |
| Pa | rt 3: Des | scribe Your Perso | onal and Household Items | | |
| | | | egal or equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. | Example No | old goods and fes: Major appliar | furnishings nces, furniture, linens, china, kitchenware | | dumo di exemptione. |
| | — 103. | Describe | | | |
| | | | No item valued over \$550 | | \$2,500.00 |
| | □ No | les: Televisions a | nd radios; audio, video, stereo, and digital equipment; computers phones, cameras, media players, games | , printers, scanners; music c | ollections; electronic devices |
| | | | No item valued over \$550 | | \$750.00 |
| | Example ■ No □ Yes. | other collecti | figurines; paintings, prints, or other artwork; books, pictures, or o ons, memorabilia, collectibles | ther art objects; stamp, coin, | or baseball card collections; |
| | Example No | ent for sports a les: Sports, photo musical instr | graphic, exercise, and other hobby equipment; bicycles, pool tab | les, golf clubs, skis; canoes a | and kayaks; carpentry tools; |
| | ■ No | | s, shotguns, ammunition, and related equipment | | |
| | □ No É | | othes, furs, leather coats, designer wear, shoes, accessories | | |
| | | | Women's Clothing / Children's Clothing | | \$600.00 |
| | □ No É | y oles: Everyday je Describe | welry, costume jewelry, engagement rings, wedding rings, heirloc | om jewelry, watches, gems, ç | old, silver |
| | | | Costume Jewelry / Wedding ring | | \$1,000.00 |
| 13. | | rm animals oles: Dogs, cats, | birds, horses | | |

Yes. Describe.....

| Deb | tor 1 | Rae Ann Bo | wer | | | Case number (if known) | 2017-20504 |
|------|----------------------|--------------------------|-----------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------|
| | | | Dog, | 2 Cats | | | \$0.00 |
| | No | ner personal and | | - | did not already list, including a | ny health aids you did not list | |
| 15. | | | | , | n Part 3, including any entries | , | \$4,850.00 |
| Part | 4: De: | scribe Your Finan | cial Asse | ts | | | |
| Do | you ow | n or have any le | egal or e | equitable interest | t in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| |] No | | · | • | r home, in a safe deposit box, ar | nd on hand when you file your petition | on |
| | | | | | | US Currency | \$100.00 |
| | Examp | • | If you ha | ave multiple accou | accounts; certificates of deposit; unts with the same institution, list Institution name: Golden 1 Credit U | | nouses, and other similar |
| | | | 17.1. | Checking | Golden i Credit of | 111011 (3960)-09 | |
| | | | 17.2. | Savings | Golden 1 Credit U | nion (5980)-01 | \$1.00 |
| | <i>Examp</i> ■ No | | | cly traded stocks ent accounts with Institution or issu | brokerage firms, money market | accounts | |
| _ | | iblicly traded steenture | ock and | interests in inco | orporated and unincorporated | businesses, including an interes | t in an LLC, partnership, and |
| | | Give specific info | | about them | | % of ownership: | |
| _ | Negoti Non-ne | able instruments | include | personal checks, | egotiable and non-negotiable i cashiers' checks, promissory no t transfer to someone by signing | tes, and money orders. | |
| | ■ No □ Yes. | Give specific info | rmation | about them | | | |
| | | , | | uer name: | | | |
| | Examp No | | RA, ERI | SA, Keogh, 401(k | c), 403(b), thrift savings accounts | s, or other pension or profit-sharing | plans |
| | ■ Yes. | List each accoun | | itely. of account: | Institution name: | | |

| Debtor 1 Rae Ann | Bower | Case number (if known) | 2017-20504 |
|------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| | 401(k) | VCA Antech, Inc. Prudential Retirement Ending Value on 9/30/15: \$990.48 Outstanding Loan Balance: \$1,719.37 | \$990.48 |
| | 401(K) | Non-Filing Debtor's 401(k) Wells Fargo Account Value takes into account exisiting 401(k) Ioan | \$14,000.00 |
| | nused deposits you have ma | de so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications companie | s, or others |
| ☐ Yes | | Institution name or individual: | |
| 23. Annuities (A contra | act for a periodic payment of | money to you, either for life or for a number of years) on. | |
| | (1), 529A(b), and 529(b)(1). | n a qualified ABLE program, or under a qualified state tuition program; or under a qualified state tuition program; ription. Separately file the records of any interests.11 U.S.C. § 521(c): | ram. |
| 25. Trusts, equitable o ■ No | | rty (other than anything listed in line 1), and rights or powers exerc | isable for your benefit |
| Examples: Internet No | | ts, and other intellectual property roceeds from royalties and licensing agreements | |
| 27. Licenses, franchis Examples: Building ■ No | es, and other general intar | ngibles cooperative association holdings, liquor licenses, professional licenses | |
| Money or property ow | red to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed ■ No □ Yes. Give specific | | luding whether you already filed the returns and the tax years | |
| 29. Family support Examples: Past due No ☐ Yes. Give specific | , , , , | ısal support, child support, maintenance, divorce settlement, property se | ettlement |
| | wages, disability insurance p s; unpaid loans you made to | payments, disability benefits, sick pay, vacation pay, workers' compensations and else | ation, Social Security |

| D | ebtor 1 | Rae Ann Bower | Case number (if known) | 2017-20504 |
|-----|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------|
| 31. | | ts in insurance policies oles: Health, disability, or life insurance; health savings account (HSA); cre | edit, homeowner's, or renter's insurar | nce |
| | _ | Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| 32. | If you a someo | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance one has died. | policy, or are currently entitled to rece | eive property because |
| | ☐ Yes. | Give specific information | | |
| 33. | Examp ■ No | against third parties, whether or not you have filed a lawsuit or maches: Accidents, employment disputes, insurance claims, or rights to sue Describe each claim | le a demand for payment | |
| 34. | ■ No | contingent and unliquidated claims of every nature, including counted Describe each claim | erclaims of the debtor and rights to | set off claims |
| 35. | ■ No | Give specific information | | |
| 36 | | he dollar value of all of your entries from Part 4, including any entrie art 4. Write that number here | | \$15,594.26 |
| Pa | art 5: Des | scribe Any Business-Related Property You Own or Have an Interest In. List an | y real estate in Part 1. | |
| 37. | Do you o | own or have any legal or equitable interest in any business-related property? | | |
| | No. Go | | | |
| | ☐ Yes. G | So to line 38. | | |
| Pa | | scribe Any Farm- and Commercial Fishing-Related Property You Own or Have ou own or have an interest in farmland, list it in Part 1. | an Interest In. | |
| 46. | • | own or have any legal or equitable interest in any farm- or commerc | cial fishing-related property? | |
| | ■ No. | Go to Part 7. | | |
| | ☐ Yes. | . Go to line 47. | | |
| Pa | rt 7: | Describe All Property You Own or Have an Interest in That You Did Not List | Above | |
| 53. | Examp | have other property of any kind you did not already list? oles: Season tickets, country club membership | | |
| | ■ No | | | |
| | ⊔ Yes. | Give specific information | | |
| 54 | . Add t | he dollar value of all of your entries from Part 7. Write that number h | ere | \$0.00 |

Debtor 1 Rae Ann Bower Case number (if known) 2017-20504 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 56. \$5,828.00 57. Part 3: Total personal and household items, line 15 \$4,850.00 58. Part 4: Total financial assets, line 36 \$15,594.26 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$26,272.26 Copy personal property total 62. \$26,272.26 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$26,272.26

page 6

| Fill in this information to identify your case: | | | | |
|-------------------------------------------------|--------------------------|--------------------|---------------|---|
| Debtor 1 | Rae Ann Bower | | | |
| | First Name | Middle Name | Last Name | _ |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT C | DF CALIFORNIA | |
| Case number | 2017-20504 | | | |
| (if known) | | | | |
| | | | | |

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Ame | ount of the exemption you claim | Specific laws that allow exemption | |
|-------------------------------------------------------------------------------------|--------------------------------------|-----|-----------------------------------------------------------------|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| No item valued over \$550 Line from Schedule A/B: 6.1 | \$2,500.00 | | \$2,500.00 | C.C.P. § 703.140(b)(3) | |
| Elle Holli Genedale PAB. 4.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| No item valued over \$550 | \$750.00 | | \$750.00 | C.C.P. § 703.140(b)(3) | |
| Line nom Schedule Arb. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Women's Clothing / Children's Clothing | \$600.00 | | \$600.00 | C.C.P. § 703.140(b)(3) | |
| Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Costume Jewelry / Wedding ring | \$1,000.00 | | \$1,000.00 | C.C.P. § 703.140(b)(4) | |
| Life from Schedule PAB. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| US Currency Line from Schedule A/B: 16.1 | \$100.00 | | \$100.00 | C.C.P. § 703.140(b)(5) | |
| Line nom <i>Schedule A/B.</i> 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | |

| De | btor 1 | Rae Ann Bower | Case number (if known) | 2017-20504 | | | |
|----|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------|------------------------------------|--|
| | Schedule A/B that lists this property portion you Copy the va | | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | |
| | | | Copy the value from Check only one box for each exemption. Schedule A/B | | | | |
| | | cking: Golden 1 Credit Union 80)-09 | \$502.78 | | \$502.78 | C.C.P. § 703.140(b)(5) | |
| | • | from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | | ings: Golden 1 Credit Union 80)-01 | \$1.00 | | \$1.00 | C.C.P. § 703.140(b)(5) | |
| | • | from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | 401(k): VCA Antech, Inc. Prudential Retirement | | \$990.48 | | \$990.48 | C.C.P. § 703.140(b)(10)(E) | |
| | End Out | ling Value on 9/30/15: \$990.48 standing Loan Balance: \$1,719.37 from Schedule A/B: 21.1 | .37 | | 100% of fair market value, up to any applicable statutory limit | | |
| | | (K): Non-Filing Debtor's 401(k) | \$14,000.00 | | \$14,000.00 | C.C.P. § 703.140(b)(10)(E) | |
| | Acc exis | or trigo or trigo iting 401(k) loan from Schedule A/B: 21.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | (Sub | you claiming a homestead exemption of ject to adjustment on 4/01/19 and every 3 | | | led on or after the date of adjustmen | t.) | |
| | | No | | | | | |
| | | Yes. Did you acquire the property covere | d by the exemption wi | thin 1 | ,215 days before you filed this case? | | |
| | | No | | | | | |
| | | ☐ Yes | | | | | |

| ГШ | n this information | n to identify you | r case: | | | | |
|---------------------------------------------------------------------------------------------------|-------------------------------|------------------------|------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|----------------------------------------|-------------------|
| Deb | | ae Ann Bower | Middle News | | | | |
| Deb | tor 2 | st Name | Middle Name Last Na | me | | | |
| | | st Name | Middle Name Last Na | ime | | - | |
| Unit | ed States Bankrup | tcy Court for the: | EASTERN DISTRICT OF CALIFORNIA | 4 | | | |
| Cas | e number 2017 - | -20504 | | | | | |
| (if kno | | 20304 | | | | ☐ Ched | ck if this is an |
| | | | | | | ame | nded filing |
| Offi | cial Form 10 | 16D | | | | | |
| | | | Who Have Claims Secu | ırad l | hy Propert | V | 12/15 |
| <u> </u> | nedule D. | Creditors | WIIO Have Claims Sect | | by Propert | <u>y</u> | 12/13 |
| is nee | | | If two married people are filing together, both out, number the entries, and attach it to this fo | | | | |
| 1. Do | any creditors have | claims secured by | your property? | | | | |
| l | ☐ No. Check this t | box and submit tl | nis form to the court with your other schedu | les. You | have nothing else t | o report on this form. | |
| | Yes. Fill in all of | the information | below. | | | | |
| Part | 1: List All Sec | ured Claims | | | | | |
| 2. Li: | st all secured claims | s. If a creditor has r | nore than one secured claim, list the creditor sep | arately | Column A | Column B | Column C |
| | | | a particular claim, list the other creditors in Part cal order according to the creditor's name. | 2. As | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| | , , | , | Ç | | value of collateral. | claim | If any |
| 2.1 | Golden 1 Cred Creditor's Name | lit Union | Describe the property that secures the claim | <u>1:</u> — | \$11,400.00 | \$5,828.00 | \$5,572.00 |
| | Attn: Bankrup | tcv | 2006 Infiniti M35 195,000 miles (To be Surrendered) | | | | |
| | Department | toy | , | | | | |
| | P.O. Box 1596 | 6 | As of the date you file, the claim is: Check all apply. | that | | | |
| | Sacramento, C | CA 95852 | Contingent | | | | |
| | Number, Street, City, S | State & Zip Code | Unliquidated | | | | |
| Who | owes the debt? C | hack one | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | ebtor 1 only | ileck one. | ☐ An agreement you made (such as mortgage | or secure | ad. | | |
| _ | | | car loan) | 7 01 000u10 | , | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | | | |
| ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit | | | , | | | | |
| _ | heck if this claim re | | Other (including a right to offset) | | | | |
| | | | | | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

If this is the last page of your form, add the dollar value totals from all pages.

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$11,400.00

Write that number here:

| Fill in this i | nformation to identify your ca | se: | | | | | |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|------------------------------|-----------------------------|---------------------------|
| Debtor 1 | Rae Ann Bower | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing |) First Name | Middle Name | Last Name | | | | |
| United State | s Bankruptcy Court for the: | EASTERN DISTRICT O | F CALIFORNIA | | | | |
| O | - 0047 00504 | | | _ | | | |
| Case number | er 2017-20504 | | | | П | Check if t | this is an |
| , | | | | | Ц | amended | |
| | | | | | | | o . |
| | orm 106E/F | | | | | | |
| <u>Schedul</u> | e E/F: Creditors Wh | <u> o Have Unsecι</u> | ired Claims | | | | 12/15 |
| Schedule G: E Schedule D: C left. Attach the name and cas | contracts or unexpired leases the executory Contracts and Unexpire creditors Who Have Claims Secure e Continuation Page to this page. e number (if known). ist All of Your PRIORITY Unse | ed Leases (Official Form 1 ed by Property. If more sp If you have no informatio | 06G). Do not include any pace is needed, copy the F | creditors with partially s Part you need, fill it out, i | ecured clain number the e | ns that are entries in t | listed in he boxes on the |
| | reditors have priority unsecured | | | | | | |
| | o to Part 2. | namis agamst you. | | | | | |
| Yes. | o to r art 2. | | | | | | |
| List all of identify w possible, | f your priority unsecured claims. hat type of claim it is. If a claim has list the claims in alphabetical order a more than one creditor holds a parti | both priority and nonpriority according to the creditor's n | amounts, list that claim her name. If you have more thar | re and show both priority a | nd nonpriority | y amounts. | As much as |
| (For an e | xplanation of each type of claim, see | the instructions for this for | m in the instruction booklet. | Total claim | Priority amount | | lonpriority mount |
| | nchise Tax Board ity Creditor's Name | Last 4 digits of | f account number | Unknown | | \$0.00 | \$0.00 |
| Bar MS | kruptcy Section | When was the | debt incurred? | | | | |
| | ramento, CA 95812-2952 | | | | | | |
| | ber Street City State Zlp Code curred the debt? Check one. | | you file, the claim is: Che | ck all that apply | | | |
| _ | | ☐ Contingent | | | | | |
| ■ Debt | or 1 only | ☐ Unliquidated | i | | | | |
| ☐ Debt | or 2 only | ☐ Disputed | | | | | |
| ☐ Debt | or 1 and Debtor 2 only | Type of PRIOR | ITY unsecured claim: | | | | |
| ☐ At le | ast one of the debtors and another | ☐ Domestic su | pport obligations | | | | |
| ☐ Che | ck if this claim is for a communit | y debt Taxes and c | ertain other debts you owe | the government | | | |
| Is the c | laim subject to offset? | ☐ Claims for d | eath or personal injury while | e you were intoxicated | | | |
| ■ No | | ☐ Other. Spec | ify | | | | |
| ☐ Yes | | | | | | | |
| Part 2: L | ist All of Your NONPRIORITY | Unsecured Claims | | | | | |
| 3. Do any c | reditors have nonpriority unsecu | ed claims against you? | | | | | |
| □ No. Yo | ou have nothing to report in this part | Submit this form to the co | urt with your other schedule | 98. | | | |
| Yes. | | | | | | | |
| unsecure | f your nonpriority unsecured clain d claim, list the creditor separately fu creditor holds a particular claim, list | or each claim. For each clai | m listed, identify what type | of claim it is. Do not list cla | ims already i | ncluded in | Part 1. If more |

Total claim

| Pr 1 Rae Ann Bower | | Case number (if know) 2017-20504 | |
|-------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|------------|
| Cash Club | Last 4 digits of account number | | \$300.00 |
| Nonpriority Creditor's Name 6661 Stanford Ranch Rocklin, CA 95677 | When was the debt incurred? | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Payday Loa | an | |
| Chase | Last 4 digits of account number | 2786 | \$9,183.00 |
| Nonpriority Creditor's Name P.O. Box 15298 Wilmington, DE 19850 | When was the debt incurred? | 10/2006 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| \square Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit card | purchases | |
| Credit One Bank | Last 4 digits of account number | 4093 | \$825.00 |
| Nonpriority Creditor's Name PO Box 98873 | When was the debt incurred? | 2010-2015 | |
| Las Vegas, NV 89193 Number Street City State Zlp Code | As of the date you file, the claim | in Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | в. Спеск ан тат арру | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Consumer | Credit Card Purchases | |

| Debtor 1 Rae Ann Bower | | | Case number (if know) 2017-20 | 504 | | | |
|------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------|--|--|--|
| 4.4 | Golden 1 Credit Union | Last 4 digits of account number | 8033 | \$2,998.90 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Department P.O. Box 15966 | When was the debt incurred? | 2005-2015 | | | | |
| | Sacramento, CA 95852 | | | | | | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | | | | | | | |
| | ☐ Yes | Other. Specify Credit Line | | <u> </u> | | | |
| 4.5 | Kaiser Permanente | Last 4 digits of account number | 5737 | \$250.00 | | | |
| | Nonpriority Creditor's Name File 50016 | When was the debt incurred? | 5/2015 | | | | |
| | Los Angeles, CA 90074 | when was the dept incurred: | 3/2013 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | _ | Student loans | a ciaiii. | | | | |
| | Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did r | not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | | |
| | Yes | Other. Specify Medical Bil | | | | | |
| 4.6 | NetSpend Nonpriority Creditor's Name | Last 4 digits of account number | 3446 | \$473.00 | | | |
| | PO Box 2136 Austin, TX 78768 | When was the debt incurred? | 2010-2015 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | • , | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | |
| | | ☐ Student loans | | | | | |
| | Check if this claim is for a community | | gration agreement or divorce that you did r | not | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Consumer | Credit Card Purchases | | | | |
| | | | | | | | |

| Debto | r 1 Rae Ann Bower | Case number (if know) 2017-2 | 0504 |
|-------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------|
| 4.7 | RC Willey | Last 4 digits of account number 4134 | \$0.00 |
| | Nonpriority Creditor's Name PO Box 410429 Salt Lake City, UT 84141 | When was the debt incurred? 5/2011 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card purchases | |
| | Southwestern & Pacific Specialty | | |
| 4.8 | Finance | Last 4 digits of account number 2869 | \$7,817.00 |
| | Nonpriority Creditor's Name 7887 Lichen Drive Citrus Heights, CA 95621 | When was the debt incurred? 2014 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify Installment Loan | |
| | Southwestern & Pacific Specialty | | |
| 4.9 | Finance Nonpriority Creditor's Name | Last 4 digits of account number 5509 | \$4,159.86 |
| | 7887 Lichen Drive Citrus Heights, CA 95621 | When was the debt incurred? 3/2014 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did | not |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Installment Loan | |

| Debto | r 1 Rae Ann Bower | | Case number (if know) 2017-20504 | | | |
|----------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------|------------|--|--|
| 4.1 0 | Target National Bank | Last 4 digits of account number | 6728 | \$553.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept P.O. Box 673 | When was the debt incurred? | 7/2011 | | | |
| | Minneapolis, MN 55440 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit card | purchases | | | |
| 4.1 | Tidewater Credit Services Nonpriority Creditor's Name | Last 4 digits of account number | 2943 | \$2,077.00 | | |
| | 6520 Indian River Road Virginia Beach, VA 23464 | When was the debt incurred? | 08/2014 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Collection | | | | |
| 4.1 | USCB America | | 2152 | \$1,249.42 | | |
| 2 | Nonpriority Creditor's Name | Last 4 digits of account number | | \$1,243.42 | | |
| | PO Box 74929 Los Angeles, CA 90004 | When was the debt incurred? | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | ■ No □ Yes | | g p.ao, and onto similal dobts | | | |
| | ⊔ res | Other. Specify Collection | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Debtor 1 Rae Ann Bower | | Case number (if know) | 2017-20504 | | |
|---------------------------------------------------|------------------------------------------------------------------------|-----------------------------------|--------------------------|--|--|
| Name and Address | On which entry in Part 1 or Part 2 di | d you list the original creditor? | | | |
| Hunt & Henriques | Line 4.3 of (Check one): | ☐ Part 1: Creditors with Priori | ty Unsecured Claims | | |
| 151 Bernal Rd, Suite 8 San Jose, CA 95119-1306 | ■ Part 2: Creditors with Nonpriority Unsecu | | riority Unsecured Claims | | |
| | Last 4 digits of account number | 4093 | | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | |
| LVNV Funding | Line 4.3 of (Check one): | ☐ Part 1: Creditors with Priori | ty Unsecured Claims | | |
| PO Box 10497 Greenville, SC 29603 | | ■ Part 2: Creditors with Nonp | riority Unsecured Claims | | |
| 310011VIII0, 30 2000 | Last 4 digits of account number | 4093 | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | · | Total Claim |
|--------------|-----|---------------------------------------------------------------------------------------------------------|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | • | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 29,886.18 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 29,886.18 |

| Fill in this information to identify your case: | | | | |
|-------------------------------------------------|---------------|--------------------|--------------|------|
| Debtor 1 | Rae Ann Bower | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT C | F CALIFORNIA | |
| Case number | 2017-20504 | | | |
| (if known) | | | | □ Ch |
| | | | | an |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company wit | h whom you have the co | ontract or lease | State what the contract or lease is for |
|-----|-----------|-------------|------------------------|------------------|-----------------------------------------|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | • | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| | | | | | |

| Fill in this | s information to identify your | case: | | | |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Debtor 1 | Rae Ann Bower | | | | |
| Dahtar 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fil | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | EASTERN DISTRICT (| OF CALIFORNIA | | |
| Case num | ber 2017-20504 | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Officia | l Form 106H | | | | |
| Sched | dule H: Your Code | ebtors | | | 12/15 |
| ill it out, a vour name 1. Do No Ye. 2. With Arizon | and number the entries in the e and case number (if known). you have any codebtors? (If y s thin the last 8 years, have you na, California, Idaho, Louisiana, | boxes on the left. Attac Answer every question ou are filing a joint case, lived in a community p | h the Additional Page to the control of the Additional Page to the control of the control of the Additional Page to the control of the contro | his page. On the top a codebtor. (Community propert | |
| _ | . Go to line 3. s. Did your spouse, former spou | se, or legal equivalent liv | e with you at the time? | | |
| in line Form | e 2 again as a codebtor only if | that person is a guarai | ntor or cosigner. Make sui | re you have listed th | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZII | ² Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| | | | | | |
| - | Justin H. Bower 235 Earl Ave | | | ☐ Schedule D, li | ine |
| | Roseville, CA 95678 | | | ☐ Schedule E/F☐ Schedule G _ | |
| | | | | | |

| Fill in this inform | ation to identify your case: | |
|---------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Debtor 1 | Rae Ann Bower | |
| Debtor 2 (Spouse, if filing) | | |
| United States Ba | ankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA | |
| Case number | 2017-20504 | Check if this is: |
| (If known) | | ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date: |
| Official Fo | orm 106 <u>l</u> | MM / DD/ YYYY |

Schedule I: Your Income

12/15

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Part 1: Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. Employed ■ Employed If you have more than one job, **Employment status*** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation Supervisor **Technician** Include part-time, seasonal, or **Employer's name VCA Loomis Basin Vet** Renal Advantage Inc. self-employed work. **Employer's address** Occupation may include student 3901 Sierra College Blvd 920 Winter Street or homemaker, if it applies. **Loomis, CA 95650** Waltham, MA 02451 How long employed there? 11 years 7 years *See Attachment for Additional Employment Information

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,000.00 2. 3,250.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. \$ 3,250.00 4,000.00

| Debt | or 1 | Rae Ann Bower | | C | Case number (if kno | wn) | 2017-2 | 20504 | | |
|------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|---------------------|------------|----------|-------------------|-------|-----------------|
| | | | | | | | | | | |
| | | | | | For Debtor 1 | | | ebtor 2 | | |
| | Сор | y line 4 here | 4. | | \$ 3,250. | 00 | \$ | | 00.00 | |
| | | * | | | | | | , | | - |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | | \$660 . | 83 | \$ | 88 | 30.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | | 00 | \$ | 30 | 00.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c | | | 00 | \$ | | 0.00 | - |
| | 5d. | Required repayments of retirement fund loans | 5d | | . — | 00 | \$ | | 0.00 | |
| | 5e. | Insurance | 5e | | | 00 | \$ | 3 | 52.00 | |
| | 5f. | Domestic support obligations | 5f. | | | 00 | \$ | | 0.00 | - |
| | 5g. | Union dues | 5g | | . — | 00 | \$ | | 0.00 | |
| | 5h. | Other deductions. Specify: | _ 5h | .+ | \$ 0. | 00 | + \$ | | 0.00 | |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$660. | 83_ | \$ | 1,53 | 32.00 | - |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ 2,589. | 17 | \$ | 2,46 | 00.86 | - |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | ı | \$ 0. | 00 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | 8b | | | 00 | \$ | | 0.00 | = |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | | 00 | \$ | | 0.00 | - |
| | 8d. | Unemployment compensation | 8d | | | 00 | \$ | | 0.00 | - |
| | 8e. | Social Security | 8e | | | 00 | \$ | | 0.00 | |
| | 8f. | Other government assistance that you regularly receive | | - | Ψ <u> </u> | | <u> </u> | | 0.00 | - |
| | | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | 8f. | | ¢ 0 | 00 | œ | | 0.00 | |
| | 9.0 | Specify: Pension or retirement income | _ | | | 00 | \$ | | 0.00 | = |
| | 8g. 8h. | Other monthly income Consider | 8g | | | 00 00 - | | | 0.00 | |
| | OII. | Other monthly income. Specify: | _ 011 | | Ψ | 00 | -Ψ | | 0.00 | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0. | 00 | \$ | | 0.00 |) |
| 10. | Cald | culate monthly income. Add line 7 + line 9. | 10. | \$ | 2,589.17 | \$ | 2 46 | 8.00 = | \$ | 5,057.17 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | *- | 2,000.11 | - | | | - | 0,007117 |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depe | | | | | hedule J 11. + | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainlies | | | | | | 12. S | ombir | 5,057.17 ned |
| | _ | | _ | | | | | | | y income |
| 13. | Do y | you expect an increase or decrease within the year after you file this form' No. | ? | _ | | | | | | |
| | | Yes. Explain: Debtor will be leaving current employer in Noven | nber | • | | | | · | | |

| Debtor 1 | Rae Ann Bower | Case number (if known) | 2017-20504 |
|----------|---------------|------------------------|------------|
|----------|---------------|------------------------|------------|

Official Form B 6l Attachment for Additional Employment Information

| Debtor | | |
|---------------------|--------------------------|--|
| Occupation | Animal Care Manager | |
| Name of Employer | Fieldhaven Feline Center | |
| How long employed | 2 mos | |
| Address of Employer | 2754 Ironwood Lane | |
| , , | Lincoln, CA 95648 | |

Official Form 106I Schedule I: Your Income page 3

| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part Describe Your Household | Fill | in this information to identify your case: | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------|----------------|---------------------------|
| Debror 2 (Copuse, If Illing) | Del | otor 1 Rae Ann Bower | | Check | c if this is: | |
| Spouse. if filing United States Baharuptcy Court for the: EASTERN DISTRICT OF CALIFORNIA MM / DD / YYYY | Dok | htor 2 | | _ | • | ving postpotition abouter |
| Case number 2017-20504 Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 3: Describe Your Household Is this a joint case? No. Go to line 2. Yes, Does Debtor 2 live in a separate household? No Do not list Debtor 1 and Yes. Fill out this information for each dependent. Dependent's relationship to Dependent's age. Do not state the dependents names. Son 1 1 Yes. Son 4 Yes. Son 4 Yes. Son 9 No 3. Do your expenses include expenses of people other than yourself and your dependents? Yes Son 7 Yes Son 7 Yes This with information for better 2 yes Son 7 Yes Son 9 No No No In No | | | | | | |
| Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Tart 3: Describe Your Household | Uni | ited States Bankruptcy Court for the: _EASTERN DISTRICT OF CALIFO | PRNIA | 1 | MM / DD / YYYY | |
| Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? Do not list Debtor 1 and Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do not state the dependent anames. Son 1 Dependent's relationship to Dependent's age live with you? Son 4 No. Son No. | Cas | se number 2017-20504 | | | | |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. In this point case? | (If k | known) | | | | |
| Ea as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part Describe Your Household | 0 | fficial Form 106J | | • | | |
| Ea as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part Describe Your Household | S | chedule J: Your Expenses | | | | 12/15 |
| 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do you have dependents? No. Do not list Debtor 1 and Pess. Fill out this information for Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do not list Debtor 1 and Pess. Son 1 Debtor 2 peendent's age live with you? No. Son 1 Pess. Son 2 Pess. No. Son 4 Pess. No. No. Son 4 Pess. No. Son 7 Pess. No. Yes. Port 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) If not included in line 4: 4a. Real estate taxes Au. S. 0.00 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 1000 Dependent's relationship to Dependent's age inverted a | Be inf | as complete and accurate as possible. If two married people ar ormation. If more space is needed, attach another sheet to this | | | | |
| No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do you have dependents? No. Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son 1 Pyes Son 4 Pyes Son 9 No Son 9 No No Son 9 No No Son 9 No No Son 9 No No No No Son 9 No No No No No No No No Son 9 No No No No No No No Son 9 No No No No No No Son 9 No | | | | | | |
| Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Dependent's relationship to Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son 1 Pess Pess No No No | 1. | | | | | |
| No Yes, Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Dependent's relationship to Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Dependent's relationship to Debtor 1 or Debtor 2 Dependent's relationship to Debtor 1 or Debtor 2. Do not state the dependent | | | | | | |
| Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do you have dependents? | | | | | | |
| Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son 1 No Yes No | | | for Separate House | ehold of Debto | or 2. | |
| Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son 1 No Yes No | 2. | Do you have dependents? ☐ No | | | | |
| Son 1 1 Yes No No No Son 6 Yes No No Son 7 No No Son 7 No No Son No No Son No No Son No No Son No No No Son No No No Son No No No No No No No | | Do not list Debtor 1 and Yes Fill out this information for | | | • | |
| Son 4 Pyes No Son 6 Pyes No Son 7 Pes 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00 4c. Home maintenance, repair, and upkeep expenses | | Do not state the | | | | □ No |
| Son 4 | | dependents names. | Son | | 1 | |
| Son 6 | | | Son | | 4 | |
| Son 6 9 Yes No No Son 7 9 Yes 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 1061.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses | | | 3011 | | - | |
| Son 7 No | | | Son | | 6 | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Yes Part 2: | | | | | | |
| expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses | | | Son | | 7 | ■ Yes |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 1,125.00 If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses | 3. | expenses of people other than | | | | |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 1,125.00 If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 100.00 | | | | | | |
| the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 1,125.00 If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 100.00 | ex | penses as of a date after the bankruptcy is filed. If this is a supp | | | | |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses Your expenses 4. \$ 1,125.00 4. \$ 0.00 40. \$ 0.00 40. \$ 0.00 | | | | | | |
| payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 1,125.00 4a. \$ 0.00 4b. \$ 100.00 | | | our Income | | Your expe | enses |
| 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4a. \$ 0.00 4b. \$ 0.00 100.00 | 4. | | nclude first mortgage | e 4. \$ | | 1,125.00 |
| 4b. Property, homeowner's, or renter's insurance 4b. \$ 4b. \$ 10.00 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 100.00 | | If not included in line 4: | | | | |
| 4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 100.00 | | 4a. Real estate taxes | | 4a. \$ | | 0.00 |
| | | , | | | | 0.00 |
| | | Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues | | 4c. \$ 4d. \$ | | 100.00 0.00 |

0.00

Additional mortgage payments for your residence, such as home equity loans

| Debtor 1 R | ae Ann Bower | Case num | ber (if known) | 2017-20504 |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|-------------------------------|
| S. Utilities | : | | | |
| 6a. El | lectricity, heat, natural gas | 6a. | \$ | 260.00 |
| 6b. W | /ater, sewer, garbage collection | 6b. | \$ | 70.00 |
| 6c. Te | elephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 320.00 |
| 6d. O | ther. Specify: | 6d. | \$ | 0.00 |
| Food ar | nd housekeeping supplies | | \$ | 1,200.00 |
| Childca | re and children's education costs | 8. | \$ | 400.00 |
| Clothing | g, laundry, and dry cleaning | 9. | \$ | 200.00 |
|). Persona | al care products and services | 10. | \$ | 50.00 |
| | and dental expenses | 11. | \$ | 325.00 |
| 2. Transpo | ortation. Include gas, maintenance, bus or train fare. | | | |
| | nclude car payments. | 12. | \$ | 425.00 |
| 3. Entertai | inment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 |
| . Charital | ble contributions and religious donations | 14. | \$ | 0.00 |
| . Insuran | ce. | | | |
| | nclude insurance deducted from your pay or included in lines 4 or 20. | | | |
| | fe insurance | 15a. | · | 0.00 |
| | ealth insurance | 15b. | · | 320.00 |
| 15c. V | ehicle insurance | 15c. | \$ | 240.00 |
| 15d. O | ther insurance. Specify: Vision/Dental | 15d. | \$ | 82.00 |
| | Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Specify: | FTB Installment | 16. | \$ | 100.00 |
| | nent or lease payments: | | | |
| | ar payments for Vehicle 1 | 17a. | · | 0.00 |
| | ar payments for Vehicle 2 | 17b. | · - | 270.00 |
| | ther. Specify: | 17c. | \$ | 0.00 |
| 17d. O | ther. Specify: | 17d. | \$ | 0.00 |
| | nyments of alimony, maintenance, and support that you did not report as ed from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | ayments you make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | | 19. | | |
| | eal property expenses not included in lines 4 or 5 of this form or on Sche | dule I: Yo | our Income. | |
| | ortgages on other property | 20a. | \$ | 0.00 |
| 20b. R | eal estate taxes | 20b. | \$ | 0.00 |
| 20c. Pi | roperty, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. M | aintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. H | omeowner's association or condominium dues | 20e. | \$ | 0.00 |
| . Other: S | Specify: | 21. | +\$ | 0.00 |
| 0-1 | 4 | | | |
| | te your monthly expenses | | ¢. | E |
| | d lines 4 through 21. | | \$ | 5,587.00 |
| 22b. Co | py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | Ψ | |
| 22c. Add | d line 22a and 22b. The result is your monthly expenses. | | \$ | 5,587.00 |
| Calcula | te your monthly net income. | | | |
| | opy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 5,057.17 |
| | opy your monthly expenses from line 22c above. | 23b. | · | 5,587.00 |
| 200. 0 | op, jour monthly expended from the 220 above. | 200. | Ψ | 3,307.00 |
| 23c. Si | ubtract your monthly expenses from your monthly income. | | | |
| | he result is your <i>monthly net income</i> . | 23c. | \$ | -529.83 |
| | | | | |
| | expect an increase or decrease in your expenses within the year after yo | | | |
| | uple, do you expect to finish paying for your car loan within the year or do you expect your | mortgage | payment to incre | ease or decrease because of a |
| _ | ion to the terms of your mortgage? | | | |
| No. | | | | |
| ☐ Yes. | Explain here: | | | |

| Fill in th | is informa | tion to identify your | case: | | | | |
|-------------------------|-------------|--------------------------------------------------|-------------------------|----------------|----------------------|-------------------|--------------------------------------|
| Debtor 1 | | Rae Ann Bower | | | | | |
| | | First Name | Middle Name | La | st Name | | |
| Debtor 2 (Spouse if, | | First Name | Middle Name | Las | st Name | | |
| United S | States Bank | ruptcy Court for the: | EASTERN DISTRICT | Γ OF CALIFOR | RNIA | | |
| Case nu | mber 20 | 17-20504 | | | | | |
| (if known) | | | | | | | ☐ Check if this is an |
| | | | | | | | amended filing |
| | | | | | | | |
| Officia | l Form | 106Dec | | | | | |
| Decl | aratio | on About a | n Individua | al Debt | or's Sche | dules | 12/15 |
| | | | | | | | |
| If two ma | arried peol | ple are filing togethe | r, both are equally res | ponsible for s | supplying correct | information. | |
| | | | | | | | ement, concealing property, or |
| | | r property by fraud in J.S.C. §§ 152, 1341, 1 | | ankruptcy cas | se can result in fin | es up to \$250,0 | 00, or imprisonment for up to 20 |
| years, or | DOUIL 10 C | J.S.C. 99 132, 1341, 1 | 313, and 3371. | | | | |
| | | | | | | | |
| | Sign E | Below | | | | | |
| Dic | l you pay o | or agree to pay some | one who is NOT an at | torney to help | you fill out bankı | uptcy forms? | |
| | No | | | | | | |
| | Yes. Na | me of person | | | | Attach Ban | nkruptcy Petition Preparer's Notice, |
| | | | | | | Declaration | n, and Signature (Official Form 119) |
| | | | | | | | |
| | | of perjury, I declare rue and correct. | that I have read the su | ummary and s | schedules filed wit | th this declarati | on and |
| tnat | they are t | rue and correct. | | | | | |
| X. | /s/ Rae A | nn Bower | | X | | | |
| | Rae Ann | | | | Signature of Debt | or 2 | |
| | oignature | of Debtor 1 | | | | | |
| | Date Fe | bruary 9, 2017 | | | Date | | |

| | in this inforr | nation to identify you | ır case: | | | | | | |
|-------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------|--|--|--|
| Deb | otor 1 | Rae Ann Bower | | | | | | | |
| Dok | otor 2 | First Name | Middle Name | Last Name | | | | | |
| | use if, filing) | First Name | Middle Name | Last Name | | | | | |
| Uni | ted States Ba | nkruptcy Court for the: | EASTERN DISTRICT OF | CALIFORNIA | | | | | |
| | | | | | | | | | |
| (if kn | | 2017-20504 | | | - | theck if this is an mended filing | | | |
| | ficial Fo | | Affairs for Indivi | duals Filing for B | ankruptcy | 4/16 | | | |
| info num | rmation. If m | nore space is needed n). Answer every que | , attach a separate sheet to | this form. On the top of an | equally responsible for sup | | | | |
| 1. | | r current marital stat | | Lived Belole | | | | | |
| | ■ Married□ Not ma | rried | | | | | | | |
| 2. | During the I | ring the last 3 years, have you lived anywhere other than where you live now? | | | | | | | |
| | | | | | | | | | |
| | ■ No □ Yes. Lis | ■ No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | dress: | Dates Debtor 2 lived there | | | |
| | | | | | ity property state or territory ico, Texas, Washington and W | | | | |
| | ■ No □ Yes. Ma | ake sure you fill out <i>Sc</i> | hedule H: Your Codebtors (O | fficial Form 106H). | | | | | |
| Par | t 2 Explai | in the Sources of You | ur Income | | | | | | |
| 4. | Fill in the total | al amount of income yo | mployment or from operating our received from all jobs and a have income that you receive | all businesses, including part | | ndar years? | | | |
| | □ No ■ Yes. Fil | I in the details. | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | |
| | last calenda | r year: ecember 31, 2016) | ■ Wages, commissions, bonuses, tips | \$42,278.11 | ☐ Wages, commissions, bonuses, tips | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | |

| Debtor 1 R | ae Ann Bowe | r | Case number (<i>if known</i>) 2017-20504 | | | | |
|--------------------------------|---------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------|---------------|-------------------------------------------------------|
| | | | | | | | |
| | | Debto | or 1 | | Debtor 2 | | |
| | | | ces of income k all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| For the caler (January 1 to | ndar year before December 31, | 2015 \ | ages, commissions, ses, tips | \$36,998.06 | ☐ Wages, combonuses, tips | missions, | |
| | | □ Op | perating a business | | ☐ Operating a | business | |
| For the caler (January 1 to | ndar year: December 31, | 2011 | ages, commissions, ses, tips | \$33,847.37 | ☐ Wages, combonuses, tips | missions, | |
| | | □ Op | perating a business | | ☐ Operating a | business | |
| winnings. List each No | If you are filing | a joint case and y | ou have income that y | est; dividends; money collector received together, list it dely. Do not include income | only once under De | ebtor 1. | d gambling and lottery |
| | | Dobto | v= 4 | | Dobtor 2 | | |
| | | | ces of income ibe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| For the caler (January 1 to | ndar year before December 31, | 0045 | G Compensation family leave | \$2,998.00 | | | |
| Part 3: Lis | et Certain Paym | ents You Made I | Before You Filed for I | Sankruntev | | | |
| | er Debtor 1's or Neither Debtorindividual prin | Debtor 2's debter or 1 nor Debtor 2 narily for a person | s primarily consumer 2 has primarily consu aal, family, or househol | debts? Imer debts. Consumer deb | | | I(8) as "incurred by an |
| | _ | to to line 7. | med for barikruptcy, die | a you pay any creditor a tote | ii οι ψο, 4 25 οι πο | | |
| | ☐ Yes L | st below each created that creditor. I | | d a total of \$6,425* or more ts for domestic support obliquis bankruptcy case. | | | |
| | | | | s after that for cases filed or | or after the date of | f adjustment. | |
| ■ Yes. | | | have primarily consu filed for bankruptcy, did | mer debts. d you pay any creditor a tota | al of \$600 or more? | , | |
| | | o to line 7. | | | | | |
| | in | | or domestic support of | d a total of \$600 or more an oligations, such as child sup | | | |
| Creditor | r's Name and A | ddress | Dates of payme | nt Total amount paid | Amount you still owe | Was this p | ayment for |
| | | | | | | | |

Case number (if known) 2017-20504

| 7. | Within 1 year before you filed for bankrupto <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | rtners; relatives of any gen control, or owner of 20% o | eral partners; partners of their voting | erships of which g securities; an | n you are a gener d any managing a | al partner; corporations agent, including one fo | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------------------|--|--|--|
| | ■ No□ Yes. List all payments to an insider. | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount yo still ow | | this payment | | | |
| 8. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? | | | | | | | | |
| | Include payments on debts guaranteed or cost | gned by an insider. | | | | | | | |
| | No | | | | | | | | |
| | Yes. List all payments to an insider Insider's Name and Address | Dates of payment | Total amount | Amount yo | | this payment | | | |
| | | | paiu | Still OW | e include cred | ditor's name | | | |
| Pa | rt 4: Identify Legal Actions, Repossession | is, and Foreclosures | | | | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. | | | | | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | ne case | | | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below | | erty repossessed, f | oreclosed, ga | rnished, attache | d, seized, or levied? | | | |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | | | | |
| | Creditor Name and Address | Describe the Property | | Da | ate | Value of the | | | |
| | | Explain what happened | I | | | property | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment became No | | uding a bank or fir | nancial institut | tion, set off any | amounts from your | | | |
| | Yes. Fill in the details. | Describe the action the | anaditan taak | D | ata aatian waa | Amarint | | | |
| | Creditor Name and Address | Describe the action the | creditor took | | ate action was ken | Amount | | | |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | | | | | |
| | ■ No □ Yes | | | | | | | | |
| Pa | rt 5: List Certain Gifts and Contributions | | | | | | | | |
| 13. | Within 2 years before you filed for bankrup | tcy, did you give any gifts | s with a total value | of more than | \$600 per person | ? | | | |
| | ■ No□ Yes. Fill in the details for each gift. | | | | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | | ates you gave e gifts | Value | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | |
| | | | | | | | | | |

Debtor 1 Rae Ann Bower

Case number (if known) 2017-20504

| 4. | Within 2 years before you filed for bank | kruptcy, | did you give any gifts or contribution | s with a total | value of more than | \$600 to any charity? | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------|----------------|-----------------------------------------------|-------------------------|--|--|--|--|
| | ■ No □ Yes. Fill in the details for each gift or contribution. | | | | | | | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co | total | Describe what you contributed | | Dates you contributed | Value | | | | |
| Par | rt 6: List Certain Losses | | | | | | | | | |
| | Within 1 year before you filed for bank | untov o | r cines you filed for hankruntey, did y | ou loco onvel | sing because of thef | t fire other disaster | | | | |
| 15. | or gambling? | upicy of | since you med for bankrupicy, did y | ou lose allyti | ing because of their | i, ille, other disaster | | | | |
| | ■ No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Describe the property you lost and | Descr | ibe any insurance coverage for the lo | oss | Date of your | Value of property | | | | |
| | how the loss occurred | Includ | e the amount that insurance has paid. L nce claims on line 33 of Schedule A/B: | ist pending | loss | lost | | | | |
| Par | rt 7: List Certain Payments or Transfe | rs | | | | | | | | |
| 16. | Within 1 year before you filed for bankr consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No | r prepari | ng a bankruptcy petition? | | | rty to anyone you | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | You | Description and value of any propertransferred | erty | Date payment or transfer was made | Amount of payment | | | | |
| | Coggins Law Office 9001 Foothills Blvd Roseville, CA 95747 blc@cogginslawoffice.com | | Prepare bankruptcy petition | | 1/13/2016 | \$1,600.00 | | | | |
| | Cricket Debt Counseling 219 SW Stark Street Portland, OR 97204 | | Debt counseling | | 8/2016 | \$36.00 | | | | |
| 17. | Within 1 year before you filed for banks promised to help you deal with your cr. Do not include any payment or transfer th | editors o | or to make payments to your creditors | | r transfer any propei | rty to anyone who | | | | |
| | Yes. Fill in the details. | | | | 5 | | | | | |
| | Person Who Was Paid Address | | Description and value of any proper transferred | erty | Date payment or transfer was made | Amount of payment | | | | |
| 18. | Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a second include the course of the course | our busii ers made | ness or financial affairs? as security (such as the granting of a se | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | ny property or received or debts change | Date transfer was made | | | | |
| | Person's relationship to you | | | | | | | | | |

Debtor 1 Rae Ann Bower

Debtor 1 Rae Ann Bower

Case number (if known) 2017-20504

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No | | | | | | | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------|--------------|------------------------------------------------------|-----------------------------------------------|--|--|
| | | ☐ Yes. Fill in the details. | | | | | | | |
| | Na | sferred | Date Transfer was made | | | | | | |
| Par | t 8: | List of Certain Financial Accounts, In | struments, Safe Deposit | t Boxes, and S | torage Unit | s | | | |
| 20. | sol | hin 1 year before you filed for bankrupto d, moved, or transferred? lude checking, savings, money market, o uses, pension funds, cooperatives, asso | or other financial accour | nts; certificate | s of deposi | | | | |
| | | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Na | me of Financial Institution and dress (Number, Street, City, State and ZIP | Last 4 digits of account number | Type of acco | ount or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | me of Financial Institution dress (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? | | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | | to it? | Address (Number, Street, City, | | the contents | Do you still have it? | | |
| Par | t 9: | Identify Property You Hold or Control | I for Someone Else | | | | | | |
| 23. | | you hold or control any property that so someone. | omeone else owns? Inclu | ude any prope | rty you bori | rowed from, are storing | for, or hold in trust | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | vner's Name dress (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value | | |
| | | Give Details About Environmental Infourpose of Part 10, the following definiti | | | | | | | |

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Rae Ann Bower Case number (if known) 2017-20504

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------|--------------------|--|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site | Governmental unit | Environmental law, if you | Date of notice | | | | |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State and ZIP Code) | | | | | | |
| 25. | Have you notified any governmental unit of any | y release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or admin | istrative proceeding under any envi | ronmental law? Include settlements a | and orders. | | | | |
| | No No | | | | | | | |
| | Yes. Fill in the details. | N. c. ca | 2 | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | 11: Give Details About Your Business or Co | nnections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing execu | utive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting o | r equity securities of a corporation | | | | | | |
| | No. None of the above applies. Go to Part | t 12. | | | | | | |
| | Yes. Check all that apply above and fill in | the details below for each business | • | | | | | |
| | Business Name D Address | escribe the nature of the business | Employer Identification number Do not include Social Security | | | | | |
| | | ame of accountant or bookkeeper | Dates business existed | number of trine. | | | | |
| | Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties. | did you give a financial statement to | o anyone about your business? Inclu | ide all financial | | | | |
| | No | | | | | | | |
| | Yes. Fill in the details below. | | | | | | | |
| | Name De Address (Number, Street, City, State and ZIP Code) | ate Issued | | | | | | |
| | | | | | | | | |

| Debtor 1 Rae Ann Bower | | Case number (if known) | 2017-20504 | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------|---------------------|--|--|
| | | | | | |
| Part 12: Sign Below | | | | | |
| I have read the answers on this <i>Statement</i> are true and correct. I understand that mal with a bankruptcy case can result in fines 18 U.S.C. §§ 152, 1341, 1519, and 3571. | king a false statement, concealing | property, or obtaining money or | | | |
| /s/ Rae Ann Bower | | | | | |
| Rae Ann Bower Signature of Debtor 1 | Signature of Debto | or 2 | | | |
| Date February 9, 2017 | Date | | | | |
| Did you attach additional pages to Your St ■ No □ Yes | tatement of Financial Affairs for In | dividuals Filing for Bankruptcy (| Official Form 107)? | | |
| Did you pay or agree to pay someone who ■ No | is not an attorney to help you fill | out bankruptcy forms? | | | |
| ☐ Yes. Name of Person Attach the E | Bankruptcy Petition Preparer's Notice | e, Declaration, and Signature (Offic | ial Form 119). | | |

| Debtor 1 Rae Ann Bower First Name Middle Name Last Name Debtor 2 (Spouse if, filling) First Name United States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA Case number (if known) Check if this is an amended filling Official Form 108 Statement of Intention for Individuals Filling Under Chapter 7 12/15 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name Middle Name Last Name |
| (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA Case number 2017-20504 (if known) Check if this is an amended filing |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA Case number (if known) Check if this is an amended filing Official Form 108 |
| Case number (if known) Check if this is an amended filing Official Form 108 |
| (if known) ☐ Check if this is an amended filing Official Form 108 |
| |
| |
| If you are an individual filing under chapter 7, you must fill out this form if: |
| creditors have claims secured by your property, or you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form |
| If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. |
| Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). |
| Part 1: List Your Creditors Who Have Secured Claims |
| 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the |
| information below. Identify the creditor and the property that is collateral What do you intend to do with the property that secures a debt? Did you claim the property as exempt on Schedule C? |
| Secures a debt: |
| Creditor's Golden 1 Credit Union |
| name: Surrender the property. Retain the property and redeem it. |
| ☐ Retain the property and enter into a |
| Description of property (To be Surrendered) securing debt: 2006 Infiniti M35 195,000 miles Reaffirmation Agreement. Reaffirmation Agreement. Reaffirmation Agreement. |
| |
| Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |
| Describe your unexpired personal property leases Will the lease be assumed? |
| Loccor's name: |
| Lessor's name: Description of leased |
| Property: |
| Lessor's name: |
| Description of leased Property: ☐ Yes |
| Lessor's name: |
| Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7 page 1 |

| Debtor 1 Rae Ann Bower | Case number (if known) 2017-20504 |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Description of leased Property: | □ No |
| Lessor's name: Description of leased | □ Yes |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my intention about any pr property that is subject to an unexpired lease. | operty of my estate that secures a debt and any personal |
| X /s/ Rae Ann Bower X | (0.14.2) |
| Rae Ann Bower Signature of Debtor 1 | ure of Debtor 2 |
| Date February 9, 2017 Date | |

| Fill in this infor | mation to identify your case: | | | | | irected | in this form and | l in Form |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------|-----------------------|--------------------------------------|------------------------|--------------------------------------|---------------------------------|
| Debtor 1 | Rae Ann Bower | | 12 | 2A-1Sı | ibb: | | | |
| Debtor 2 (Spouse, if filing) | | | | □ 1. T | here is no pres | umption | ı of abuse | |
| | Bankruptcy Court for the: Eastern District of | California | | á | | nade un | ider <i>Chapter 7 l</i> | mption of abuse Means Test |
| Case number (if known) | 2017-20504 | | | □ з. т | he Means Test | does no | ot apply now be | |
| | | | | | eck if this is a | | | 17 |
| Official F | orm 122A - 1 | | | | | | 3 | |
| Chapter | 7 Statement of Your Cur | rent Moi | nthly Inc | om | е | | | 12/15 |
| attach a separate case number (if qualifying militar | and accurate as possible. If two married people a e sheet to this form. Include the line number to w known). If you believe that you are exempted fro ry service, complete and file Statement of Exemp alculate Your Current Monthly Income | vhich the addition m a presumption | nal information of abuse becau | applies. ise you | On the top of aid on not have pring | ny additi narily co | ional pages, writ onsumer debts o | te your name and or because of |
| | your marital and filing status? Check one or | alv | | | | | | |
| | arried. Fill out Column A, lines 2-11. | ııy. | | | | | | |
| | ed and your spouse is filing with you. Fill ou | ut both Columns | A and B, lines | 2-11. | | | | |
| | ed and your spouse is NOT filing with you. | | | | | | | |
| _ | ng in the same household and are not lega | | | lumns | A and R lines 3 | P-11 | | |
| □ Livi per | ng separately or are legally separated. Fill halty of perjury that you and your spouse are ling apart for reasons that do not include evading | out Column A, li egally separated | nes 2-11; do no d under nonbar | ot fill ou nkruptc | it Column B. By y law that applic | checki | | |
| 101(10A). For the 6 months, | erage monthly income that you received from all rexample, if you are filing on September 15, the 6-m add the income for all 6 months and divide the total the same rental property, put the income from that p | nonth period would by 6. Fill in the re | l be March 1 thro sult. Do not inclu | ugh Aug de any i | just 31. If the amo | ount of your | our monthly incom once. For examp | ne varied during le, if both |
| | | | | Colum | | | nn B or 2 or filing spouse | |
| _ | ss wages, salary, tips, bonuses, overtime, eductions). | and commission | ons (before all | \$ | 5,080.56 | \$ | 4,922.47 | |
| 3. Alimony | and maintenance payments. Do not include B is filled in. | payments from | a spouse if | \$ | 0.00 | \$ | 0.00 | |
| of you or from an u and room | Ints from any source which are regularly party your dependents, including child support nmarried partner, members of your household mates. Include regular contributions from a spoon of include payments you listed on line 3. | Include regular d, your depende | r contributions nts, parents, | \$ | 0.00 | \$ | 0.00 | |
| 5. Net incom | me from operating a business, profession, | | | | | | | |
| | | Deb \$ 0.00 | otor 1 | | | | | |
| | ceipts (before all deductions) | -\$ 0.00 -\$ | | | | | | |
| • | and necessary operating expenses hly income from a business, profession, or far | · — | Copy here -> | •\$ | 0.00 | \$ | 0.00 | |
| | me from rental and other real property | Ψ | ., | · — | | · — | | |
| | , | | otor 1 | | | | | |
| Gross red | ceipts (before all deductions) | \$ 0.00 | | | | | | |
| Ordinary | and necessary operating expenses | -\$ 0.00 | | • | 2.22 | • | 0.00 | |
| Net mont | hly income from rental or other real property | \$0.00 | Copy here -> | · . — | 0.00 | \$ | 0.00 | |
| 7. Interest. | dividends, and royalties | | | \$ | 0.00 | φ | 0.00 | |

7. Interest, dividends, and royalties

| Debto | Rae Ann Bower | | | Case numbe | r (<i>if known</i>) | 2017-205 | 04 | |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------|-------------------|-----------------------|---------------------|-----------|-----------------|
| | | | | Column A Debtor 1 | | Column B Debtor 2 o | | |
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| | Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here: | nt received was a bene | fit under | · | | | | |
| | For you S | 0 | .00 | | | | | |
| | For your spouse S | | .00 | | | | | |
| 9. | Pension or retirement income. Do not include any at benefit under the Social Security Act. | | as a | \$ | 0.00 | \$ | 0.00 | |
| 10. | Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on total below. | Security Act or paymer manity, or international | nts I or | | | | | |
| | · | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | 0.00 | |
| 11. | Calculate your total current monthly income. Add li each column. Then add the total for Column A to the to | | \$ | 5,080.56 | + \$ _ | 4,922.47 | = \$ | 10,003.03 |
| | | | | | | | Total o | current monthly |
| Part | 2: Determine Whether the Means Test Applies | to You | | | | | | |
| 12. | Calculate your current monthly income for the year | r. Follow these steps: | | | | | | |
| | 12a. Copy your total current monthly income from line | • | | Con | y line 11 | here=> | \$ | 10,003.03 |
| | 12a. Copy your total ourself monthly moonle from mic | ' ' | | | , | | ΙΨ | 10,003.03 |
| | Multiply by 12 (the number of months in a year) | | | | | | x | 12 |
| | 12b. The result is your annual income for this part of the | ne form | | | | 12 | o. \$1 | 20,036.36 |
| 13. | Calculate the median family income that applies to | you. Follow these ste | ps: | | | | | |
| | Fill in the state in which you live. | CA | | | | | | |
| | · | | | | | | | |
| | Fill in the number of people in your household. | 6 | | | | | | |
| | Fill in the median family income for your state and size | of household. | | | | 13. | \$ | 98,637.00 |
| | To find a list of applicable median income amounts, go for this form. This list may also be available at the ban | online using the link s | | | | | | |
| 14. | How do the lines compare? | | | | | | | |
| | 14a. Line 12b is less than or equal to line 13. Go to Part 3. | On the top of page 1, c | neck box | 1, There is | no presun | nption of abu | se. | |
| | 14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. | of page 1, check box 2 | t, The pre | esumption of | ^f abuse is | determined l | y Form 1 | 22A-2. |
| Part | | | | | | | | |
| | By signing here, I declare under penalty of perjury | y that the information o | n this sta | atement and | in any att | achments is | rue and c | orrect. |
| | X /s/ Rae Ann Bower | | | | | | | |
| | Rae Ann Bower Signature of Debtor 1 | | | | | | | |
| | Date February 9, 2017 MM / DD / YYYY | | | | | | | |
| | If you checked line 14a, do NOT fill out or file For | m 122A-2. | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and | file it with this form. | | | | | | |

| Fill in this information to identify your case: | | | | |
|-------------------------------------------------|---------------|--------------------------------|--|--|
| Debtor 1 | Rae Ann Bower | | | |
| Debtor 2 (Spouse, if filing) | | | | |
| United States Bankruptcy Court for the: | | Eastern District of California | | |
| Case number (if known) | 2017-20504 | | | |

| Check the a | appropriate | box as | directed | ir |
|---------------|-------------|--------|----------|----|
| lines 40 or 4 | 42: | | | |

According to the calculations required by this Statement:

- 1. There is no presumption of abuse.
- ☐ 2. There is a presumption of abuse.
- ☐ Check if this is an amended filing

Official Form 122A - 2

Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

| Par | t 1: Determine Your Adjusted Income | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 1. | Copy your total current monthly income. Copy line 11 | from Official Form 122A-1 here=> \$ 10,003.03 |
| 2. | Did you fill out Column B in Part 1 of Form 122A-1? □ No. Fill in \$0 for the total on line 3. ■ Yes. Is your spouse Filing with you? ■ No. Go to line 3. □ Yes. Fill in \$0 for the total on line 3. | |
| 3. | Adjust your current monthly income by subtracting any part of your shousehold expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A–1, was any amount of the income you expenses of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below: | |
| | State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. | your spouse's income \$ \$ \$ |
| 4. | Adjust your current monthly income. Subtract line 3 from line 1. | \$ 0.00 Copy total here=> \$ 0.00 \$ \$ 10,003.03 |

Official Form 122A-2

| Debtor | Rae Ann Bower | | | Case number (if known) | 2017-20504 | |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|----------------------------------------------------------|----------------------|----------|
| Part 2 | Calculate Your Deductions from Your Income | | | | | |
| to | e Internal Revenue Service (IRS) issues National and Lo answer the questions in lines 6-15. To find the IRS stan tructions for this form. This information may also be a | ndards, go | online us | sing the link specified in th | | |
| yοι | duct the expense amounts set out in lines 6-15 regardless or actual expenses if they are higher than the standards. Do ome in line 3 and do not deduct any operating expenses the | o not deduc | ct any amo | ounts that you subtracted fro | your spouse's | |
| If y | our expenses differ from month to month, enter the average | e expense. | | | | |
| Wh | enever this part of the from refers to you, it means both you | u and your | spouse if | Column B of Form 122A-1 i | s filled in. | |
| 5. | The number of people used in determining your dedu | uctions fro | om incom | e | | |
| | Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household. | | | | | |
| Na | tional Standards You must use the IRS National | Standards | s to answe | r the questions in lines 6-7. | | |
| 6. | Food, clothing, and other items: Using the number of p Standards, fill in the dollar amount for food, clothing, and | | | n line 5 and the IRS Nationa | s | 2,191.00 |
| 7. | Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The numpeople who are 65 or older-because older people have a higher than this IRS amount, you may deduct the addition | ber of peop a higher IR | ple is split S allowan | into two categoriespeople ce for health care costs. If y | who are under 65 and | e |
| Pe | ople who are under 65 years of age | | | | | |
| | 7a. Out-of-pocket health care allowance per person | \$ | 54 | | | |
| | 7b. Number of people who are under 65 | X | 6 | | | |
| | 7c. Subtotal. Multiply line 7a by line 7b. | \$ | 324.00 | Copy here=> \$ _ | 324.00 | |
| Pe | ople who are 65 years of age or older | | | | | |
| | 7d. Out-of-pocket health care allowance per person | \$ | 130 | | | |
| | 7e. Number of people who are 65 or older | x | 0 | | | |
| | 7f. Subtotal. Multiply line 7d by line 7e. | \$ | 0.00 | Copy here=> +\$ _ | 0.00 | |

324.00

7g. Total. Add line 7c and line 7f

324.00

Copy total here=>

Rae Ann Bower 2017-20504 Debtor 1 Case number (if known) Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 668.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 2.229.00 listed for your county for mortgage or rent expenses..... 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of the creditor Average monthly payment -NONE-\$ Repeat this Copy amount on 0.00 Total average monthly payment 0.00 here=> line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 2.229.00 2,229.00 \$ or rent expense). If this amount is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why: 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ■ 1. Go to line 12. 2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the

operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

213.00

| Debtor 1 | Rae Ann Bower | | Case number (if known) | 2017-20504 |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|----------------------------------------------|
| 13. | Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles. | | | |
| Vel | nicle 1 Describe Vehicle 1: 2006 Infiniti M35 195,00 | 00 miles (To be Surr | rendered) | |
| 13a. | Ownership or leasing costs using IRS Local Standard | | \$ 471. | 00 |
| 13b. | Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. | | | |
| | To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60. | | at | |
| | Name of each creditor for Vehicle 1 | Average monthly payment | | |
| | Golden 1 Credit Union | \$ 206.35 | | |
| | Total Average Monthly Payment | \$ | Copy here => -\$ | 206.35 Repeat this amount on line 33b. |
| 13c. | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0, | enter \$0. | \$264. | Copy net Vehicle 1 expense here => \$ 264.65 |
| Vel | nicle 2 Describe Vehicle 2: | | | |
| 13d. | Ownership or leasing costs using IRS Local Standard | | \$0. | 00_ |
| 13e. | Average monthly payment for all debts secured by Vehicle 2. leased vehicles. | Do not include costs fo | or | |
| | Name of each creditor for Vehicle 2 | Average monthly payment | | |
| | | \$ | | |
| | Total Average Monthly Payment | \$ | Copy here => -\$ | 0.00 Repeat this amount on line 33c. |
| 13f. | Net Vehicle 2 ownership or lease expense | | | Copy net Vehicle 2 |
| | Subtract line 13e from line 13d. if this amount is less than \$0, | enter \$0 | \$0. | expense |
| 14. | Public transportation expense: If you claimed 0 vehicles in <i>Transportation</i> expense allowance regardless of whether you | | | the <i>Public</i> \$ 0.00 |
| 15. | Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Transp</i> | hat you believe is the a | | |

Debtor 1 Rae Ann Bower Case number (if known) 2017-20504

| Othe | | In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories. | for | |
|------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| 16. | self-employment taxes, social your pay for these taxes. How | nount that you will actually owe for federal, state and local taxes, such as income taxes, al security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 m the total monthly amount that is withheld to pay for taxes. | | 0.004.50 |
| | Do not include real estate, sa | ales, or use taxes. | \$ | 2,304.58 |
| 17. | Involuntary deductions: The contributions, union dues, and | ne total monthly payroll deductions that your job requires, such as retirement and uniform costs. | | |
| | Do not include amounts that | are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ | 361.00 |
| 18. | filing together, include payme | onthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life its, for a non-filing spouse's life insurance, or for any form of life insurance other than | \$ | 0.00 |
| 19. | | The total monthly amount that you pay as required by the order of a court or as spousal or child support payments. | | |
| | Do not include payments on | past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total monthl as a condition for your job | y amount that you pay for education that is either required: | | |
| | for your physically or mer | ntally challenged dependent child if no public education is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total monthly | y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. | | |
| | Do not include payments for | any elementary or secondary school education. | \$ | 200.00 |
| 22. | that is required for the health | enses, excluding insurance costs: The monthly amount that you pay for health care and welfare of you or your dependents and that is not reimbursed by insurance or paid Include only the amount that is more than the total entered in line 7. | | |
| | Payments for health insurance | ce or health savings accounts should be listed only in line 25. | \$ | 0.00 |
| 23. | for you and your dependents | ephone services: The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of d by your employer. | | |
| | | basic home telephone, internet and cell phone service. Do not include self-employment ported on line 5 of Official Form 122A-1, or any amount you previously deducted. | +\$ | 320.00 |
| 24. | Add all of the expenses all Add lines 6 through 23. | owed under the IRS expense allowances. | \$ | 9,075.23 |

Debtor 1 Rae Ann Bower Case number (if known) 2017-20504

| Add | itional | Expense Deductions | These are additional of | deductio | ons allowed by th | e Means Test. | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------|----------------------------------------------|-----------------------------------------------------------------------------------|-----|--------|
| | | | Note: Do not include a | any expe | ense allowances | listed in lines 6-24. | | |
| 25. | insurar | | | | | ses. The monthly expenses for health y necessary for yourself, your spouse, or | or | |
| | Health | insurance | | \$ | 341.75 | | | |
| | Disabil | ity insurance | | \$ | 0.00 | | | |
| | Health | savings account | | + \$ _ | 0.00 | | | |
| | Total | | | \$ | 341.75 | Copy total here=> | \$ | 341.75 |
| | Do you | actually spend this total a | mount? | | | | | |
| | | No. How much do you act | ually spend? | | | | | |
| | | Yes | aan, opena. | \$ | | | | |
| 26. | Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C.§ 529A(b). | | | | | | \$ | 0.00 |
| 27. | Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | | | | | | |
| | By law | , the court must keep the n | ature of these expens | es conf | idential. | | \$ | 0.00 |
| 28. | Additional | onal home energy costs. | Your home energy co | sts are | included in your | insurance and operating expenses on | | |
| | If you l | pelieve that you have home fill in the excess amount o | | e more t | han the home er | nergy costs included in expenses on line | e | |
| | | ust give your case trustee of t claimed is reasonable and | | actual | expenses, and y | ou must show that the additional | \$ | 0.00 |
| 29. | \$160.4 | tion expenses for dependence 2* per child) that you pay felementary or secondary secon | or your dependent chi | e youn g Idren wi | ger than 18. The ho are younger th | e monthly expenses (not more than han 18 years old to attend a private or | | |
| | | ust give your case trustee of dis reasonable and necess | | | | ou must explain why the amount 23. | | |
| | * Subje | ect to adjustment on 4/01/1 | 9, and every 3 years a | after tha | t for cases begu | n on or after the date of adjustment. | \$ | 320.84 |
| 30. | higher | | d clothing allowances | in the I | RS National Star | ctual food and clothing expenses are ndards. That amount cannot be more | | |
| | | a chart showing the maxing tions for this form. This cha | | | • | link specified in the separate rk's office. | | |
| | You m | ust show that the additiona | l amount claimed is re | asonab | le and necessar | y. | \$ | 76.00 |
| 31. | | nuing charitable contribut nents to a religious or chari | | | | ntribute in the form of cash or financial | +\$ | 0.00 |
| 32. | | Il of the additional expenses 25 through 31. | se deductions. | | | | \$ | 738.59 |

Debtor 1 Rae Ann Bower Case number (if known) 2017-20504

| Dedu | ctions for Debt Payment | | | | | | |
|----------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------|--------|-----------|------------------------|
| | or debts that are secured by an inter pans, and other secured debt, fill in li | est in property that you own, including hon nes 33a through 33e. | ne mort | gages, vehicle | | | |
| To cr | o calculate the total average monthly preditor in the 60 months after you file fo | ayment, add all amounts that are contractually r bankruptcy. Then divide by 60. | due to | each secured | | | |
| | Mortgages on your home: | | | | | | verage monthly |
| 33a. | Copy line 9b here | | | | => | \$ | 0.00 |
| | Loans on your first two vehicles: | | | | | | |
| 33b. | Copy line 13b here | | | | => | \$ | 206.35 |
| 33c. | | | | | => | \$ | 0.00 |
| 33d. | List other secured debts: | | | | | | |
| Name | of each creditor for other secured debt | Identify property that secures the debt | | Does paymen include taxes insurance? | | | |
| | | | | □ No | | | |
| | -NONE- | | | □ Yes | | \$ | |
| | | | | _ | | Ť - | |
| | | | | □ No | | | |
| | | | | ☐ Yes | | \$ | |
| | | | | □ No | | | |
| | | | | ☐ Yes | | +\$ | |
| | | | | | \neg | -Ψ | |
| | | | | | Cop | | |
| 33e. | Total average monthly payment. Add | ines 33a through 33d | \$ | 206.35 | tota | al e=> | \$ 206.35 |
| | | | | | | | |
| | | B secured by your primary residence, a vehi support or the support of your dependents? | | | | | |
| | • | , , . | | | | | |
| | _ | st pay to a creditor, in addition to the payments | 6 | | | | |
| | | ssion of your property (called the cure amount | | | | | |
| Nam | e of the creditor | Identify property that secures the debt | | Total cure amount | | | Monthly cure amount |
| -NO | ONE- | | : | \$ | ÷ 60 = | = \$ | |
| | | | | | _ | · | |
| | | | | | Cop | οу | |
| | | | | | tota | aĺ | |
| | | Tot | al \$ | 0.00 | | | \$ 0.0 |
| | | Tot | tal \$_ | 0.00 | | e=> | \$ |
| | | Tof us a priority tax, child support, or alimony - ur bankruptcy case? 11 U.S.C. § 507. | | 0.00 | | | \$ |
| | re past due as of the filing date of yo | s a priority tax, child support, or alimony - | | 0.00 | | | \$0.0 |
| aı | re past due as of the filing date of your No. Go to line 36. | as a priority tax, child support, or alimony - ur bankruptcy case? 11 U.S.C. § 507. these priority claims. Do not include current or | that | 0.00 | | | \$0.0 |

2017-20504

Case number (if known)

| For more informati | o file a case under Chapter 13? 11 U.S. on, go online using the link for <i>Bankruptc</i> of form. <i>Bankruptcy Basics</i> may also be av | y Basics specified | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|------------------|----------------|-----------------------|
| ■ No. Go to lin | e 37. | | | | | |
| ☐ Yes. Fill in the | e following information. | | | | | |
| Projecte | d monthly plan payment if you were filing | under Chapter 13 | 3 \$ | | | |
| Current | multiplier for your district as stated on the | list issued by the | 1 | | | |
| Administ and Nort | trative Office of the United States Courts th Carolina) or by the Executive Office for ther districts). | (for districts in Ala | abama | | | |
| To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total | | | | | otal | |
| Average | monthly administrative expense if you we | ere filing under C | hapter 13 | \$ | here=> | |
| 37. Add all of the de Add lines 33e thre | eductions for debt payment. ough 36. | | | | | \$ |
| Total Deductions from | m Income | | | | | |
| 38. Add all of the allo | owed deductions. | | | | | |
| Copy line 24, All expense allowand | of the expenses allowed under IRS ces | \$ | 9,075.23 | | | |
| Copy line 32, All | of the additional expense deductions | \$ | 738.59 | | | |
| Copy line 37, All | of the deductions for debt payment | +\$ | 206.35 | 7 | | |
| | Total deduction | ons \$ | 10,020.17 | Copy total h | ere=> | \$10,020.17 |
| Part 3: Determine V | Whether There is a Presumption of Abu | ıse | | | | ' |
| 39. Calculate monthly | y disposable income for 60 months | | | | | |
| 39a. Copy line 4, | adjusted current monthly income | \$ | 10,003.03 | | | |
| | 3,Total deductions | | 10,020.17 | | | |
| | ,, | Ψ | , | \neg | | |
| | oosable income. 11 U.S.C. § 707(b)(2). a 39b from line 39a | \$ | -17.14 | Copy here=>\$ | | -17.14 |
| For the next 60 m | nonths (5 years) | | | | x 60 | |
| 39d. Total. Multip | oly line 39c by 60 | 39d. | \$ | 1 028 40 | Copy here=> | \$ |
| 40. Find out whether | there is a presumption of abuse. Chec | k the box that ap | olies: | | | |
| ■ The line 39d is | s less than \$7,700*. On the top of page | 1 of this form, che | ck box 1, There | e is no presum | nption of abus | se. Go to Part 5. |
| | s more than \$12,850*. On the top of pag aim special circumstances. Go to Part 5. | e 1 of this form, c | heck box 2, The | ere is a presul | mption of abu | use. You may fill out |
| ☐ The line 39d is | s at least \$7,700*, but not more than \$1 | 2,850*. Go to line | e 41. | | | |
| *Subject to adjustn | nent on 4/01/19, and every 3 years after t | hat for cases filed | on or after the | date of adjus | tment. | |

Debtor 1 Rae Ann Bower

| Debtor 1 | Rae | Ann Bower | Case number (if known) | 2017-20504 | |
|----------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------|----------------|
| 41. | 41a. | Fill in the amount of your total nonpriority unsecured debt. If you filled a A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form. | \$x .25 | | |
| | 41b. | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i) Multiply line 41a by 0.25 | `` | Copy here=> | \$ |
| 25 | 5% of y | ne whether the income you have left over after subtracting all allowed de rour unsecured, nonpriority debt. e box that applies: | | n to pay | |
| | | 39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> Part 5. | ere is no presumptio | n of abuse. | |
| | | 39d is equal to or more than line 41b. On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. T | | | |
| Part 4: | Giv | ve Details About Special Circumstances | | | |
| reas | onable No. Go Yes. Fil ite Yo | we any special circumstances that justify additional expenses or adjustment alternative? 11 U.S.C. § 707(b)(2)(B). To to Part 5. If in the following information. All figures should reflect your average monthly em. You may include expenses you listed in line 25. The property of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments. | xpense or income ac | djustment for ea | ach |
| | G | Give a detailed explanation of the special circumstances | Average monthly e or income adjustm | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| | _ | | \$ | | |
| Part 5: | Sic | ın Below | | | |
| | _ | gning here, I declare under penalty of perjury that the information on this state | ement and in any atta | chments is true | e and correct. |
| | χ/s | / Rae Ann Bower | | | |
| | R | ae Ann Bower gnature of Debtor 1 | | | |
| Da | ate F e | ebruary 9, 2017 M/DD /YYYY | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| • | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| · | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of California

| In re | Rae Ann Bower | | Case No. | 2017-20504 | |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------|--|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMP | ENSATION OF ATTOR | NEY FOR DE | BTOR(S) | |
| c | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that ompensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to e rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | |
| | For legal services, I have agreed to accept | | \$ | 1,600.00 | |
| | Prior to the filing of this statement I have receive | | | 1,600.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. 7 | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. Т | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. l | ■ I have not agreed to share the above-disclosed co | mpensation with any other person u | nless they are memb | pers and associates of my law firm. | |
| I | ☐ I have agreed to share the above-disclosed compo | | | | |
| 5. 1 | In return for the above-disclosed fee, I have agreed to | render legal service for all aspects | of the bankruptcy ca | ase, including: | |
| b c | Analysis of the debtor's financial situation, and re Preparation and filing of any petition, schedules, see Representation of the debtor at the meeting of cre [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications of the secured creditors of the secur | statement of affairs and plan which is ditors and confirmation hearing, and o reduce to market value; exertions as needed; preparation a | nay be required; I any adjourned hear mption planning; | ings thereof; preparation and filing of | |
| 6. I | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding. | | | es, relief from stay actions or | |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of ankruptcy proceeding. | any agreement or arrangement for p | payment to me for re | presentation of the debtor(s) in | |
| Fe | ebruary 9, 2017 | /s/ Brian L. Coggin | ıs | | |
| | ate | Brian L. Coggins Signature of Attorney Coggins Law PC 9001 Foothills Blvd Roseville, CA 9574 916-270-2895 Fax blc@cogginslawof Name of law firm | d. 17 : 916-270-2894 | | |